

TEST # 610 FOUNDATIONS OF TECHNOLOGY PERFORMANCE EVALUATION SUMMARY SCORE SHEET

I verify that this is an accurate record of the student performance objectives.

Teacher's Signature _____ Date _____ Period _____

Teacher's Name (print) _____ School _____ District _____

Copies of this sheet must be kept on file at the school for **TWO years**, by the teacher, and the school CTE testing coordinator.

| Test Item #81A Y's | Test Item #81B N's | | Student Names | Student Performance Evaluation (abbreviated) | | | | | | |
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